CONDUCT/PERFORMANCE CORRECTIVE ACTION

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| --- | --- |
| Employee Name | Date Corrective Action Issued |
| Department/Company | Job Title |
| Supervisor/Manager | Type of corrective action:  Conduct Performance |
| Type of corrective action for this infraction:  Written Counseling Final Counseling Decision Day Suspension Separation | |

For performance, mark what competency or competencies are not meeting expectations:

Quality Reliability Value Resilient and Adaptable

Initiative Knowledge Development Patient/Client Services

Teamwork Communication Accountability Professionalism

Other, list here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Reason for Corrective Action.** Describe the specific performance problem or incident, express the impact and include dates where applicable:

\_\_\_\_\_

* **Corrective Action Required.** Describe the action the employee must take for improvement:

\_\_\_\_\_\_ \_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Action that will be taken if improvement by employee does not occur immediately and/or within days:

Final Counseling Decision Day Separation

**I have read and understand this corrective action. I understand that if my performance or conduct does not improve, I may receive further corrective action, including separation.**

|  |  |  |
| --- | --- | --- |
| Witness  Signature  (Applicable if employee refuses to sign) | Employee  Signature | Supervisor  Signature |
| Date | Date | Date |

**This document will be made a part of your employee file.** The purpose of this document is to ensure that you understand that immediate and satisfactory improvement must be shown, or further action may be taken.

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